**FMCA GRANT AWARDS: FINAL REPORT & GUIDELINES**

Please use this form to complete your FMCA Grant Awards Final Report. FMCA Grant Awards projects cover a 12-month grant period from July 1 of the year awarded until June 30 of the following year. **The FMCA Grant Awards Final Report is due by August 15.**

A ***Request for Extension* *requires approval from the Foundation prior to the deadline****.* To request an extension please email your request with the name of your project, the requested length of extension, and the reason for the extension. In the absence of an approved grant extension, funds unspent after the close of the grant period must be repaid to the AAFP Foundation. The amount of unspent funds or deferred accounts must be reported and arrangements made for repayment.

Please direct questions about preparing reports to Ashlyn Ewing at aewing@aafp.org or call 913-906-6142.

|  |  |
| --- | --- |
| Organization: |  |
| Project title: |  |
| GRANT REPORTING PERIOD: |  |
| CONTACT person: |  |

# SUMMARY of ACCOMPLISHMENTS: (PLEASE INCLUDE METRICS e.g., number of participants, items produced, attendance rates, visits, materials distributed, website hits, dollars leveraged, a summary of pre-and post-surveys, etc.)

# LESSONS LEARNED:

1. DESCRIBE UNANTICIPATED CHALLENGES TO YOUR ORGANIZATION OR TO PARTICIPANTS (AND HOW THESE WERE OVERCOME, IF THEY WERE).
2. DESCRIBE UNANTICIPATED BENEFITS TO YOUR ORGANIZATION OR TO PARTICIPANTS.
3. DID THE GRANT HELP FORM NEW RELATIONSHIPS, AND PARTNERSHIPS, OR LEVERAGE MORE FUNDING?
4. WILL THIS PROJECT BE SUSTAINABLE IN THE FUTURE? WHAT ARE THE NEXT STEPS FOR CONTINUING OR CHANGING THIS PROJECT PROGRAM?
5. OTHER LESSONS LEARNED?

#  IMPACT STATEMENT & PHOTOS: (HELP THE FMCA TELL THE STORY OF YOUR PROJECT) How did this grant make an impact or a difference? It may have been a participant, a staff member or a volunteer. Using a pseudonym or permission of an individual who was helped, please identify what happened: who, when, the situation before the grant (context), what happened, and the impact observed or a quote from the person.)

# OUTREACH INFORMATION: (Please provide samples of material that show how you have shared the news about this activity (e.g. press or news items, brochures, newsletters, website URL, flyers, etc.)

# WOULD YOU LIKE TO SHARE YOUR PROJECT & RESULTS WITH OTHER MEMBERS AT THE FMCA SPRING OR FALL MEETING? Yes/No

# BUDGET RECONCILIATION - FINAL BUDGET, ACTUAL EXPENSES: (Report all expenses associated with the project including those assigned as FMCA, other and in-kind sources. Expenses listed in the FMCA Funds column below should address the amount of your FMCA Grant Award and should match the amount of the FMCA Grant Award received. Unexpended FMCA Grant Award funds will need to be returned to the AAFP Foundation.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | FMCA Funds ($) | Other Funds ($) | In-Kind ($) |  | **Total ($)** |
| STAFFING | $  | $  | $  |  | $  |
| SUPPLIES | $  | $  | $  |  | $  |
| EQUIPMENT | $  | $  | $  |  | $  |
| OTHER | $  | $  | $  |  | $  |
|  |  |  |  |  |  |
| **TOTAL** | **$**  | **$**  | **$**  |  | **$**  |

# BUDGET NARRATIVE:

STAFFING:

SUPPLIES:

EQUIPMENT:

OTHER: